GBI/B-01(rev. 01/2010)

GEORGIA BUREAU OF INVESTIGATION BINGO UNIT P.O. BOX 370808 DECATUR, GA 30037-0808



OFFICE USE ONLY										
	MO.	DAY	YEAR							
ISSUED										
LIC. NO.										
LIC. FEE		\$100.00								

STATE OF GEORGIA APPLICATION FOR LICENSE TO OPERATE NON-PROFIT BINGO GAMES

BUSINESS PHONE NO. FAX NO. STREET ADDRESS CITY STATE COUNTY ANALING ADDRESS CITY STATE ZIP CODE EDERAL EMPLOYER IDENTIFICATION NO. GEORGIA SALES TAX NO. STATE WITHHOLDING NO. JOES APPLICANT HOLD ANY ALCOHOLIC BEVERAGE LICENSE () YES () NO If yes, give the licensee's name and license number as shown on license. JATE ORGANIZATION INCORPORATED OR FORMED Attach a copy of Instrument creating organization JATE ORGANIZATION INCORPORATED OR FORMED Attach a copy of Instrument creating organization JATE TAX EXEMPTION GRANTED BY IRS JATE TAX EXEMPTION GRANTED BY IRS ANTE TAX EXEMPTION GRANTED BY IRS TAX EXEMPTION GRANTED BY IRS STREET ADDRESS CITY STATE JOES APPLICANT OWN THIS FACILITY () YES () NO NAME OF OWNER OF FACILITY INTO COMPANY OF THE FACILITY JOES APPLICANT OWN THIS FACILITY () YES () NO NAME OF OWNER OF FACILITY JOES APPLICANT OWN THIS FACILITY () YES () NO NAME OF OWNER OF FACILITY JOES APPLICANT OWN THIS FACILITY () YES () NO NAME OF OWNER OF FACILITY JOES APPLICANT OWN THIS FACILITY () YES () NO NAME OF OWNER OF FACILITY JOES APPLICANT OWN THIS FACILITY () YES () NO NAME OF OWNER OF FACILITY JOES APPLICANT OWN THIS FACI	APPLICA	TION MU	ST BE TY	PEWRITTEN	()NEW		()RENE	WAL	PRESEN	T LIC.NO.		
MAILING ADDRESS CITY STATE ZIP CODE STATE WITHHOLDING NO. STATE					,		` '				ı	
MAILING ADDRESS CITY STATE ZIP CODE STATE WITHHOLDING NO. STATE						_						
DOES APPLICATION OF FACILITY WHERE BINGO GAMES WILL BE OPERATED STREET ADDRESS CITY STATE	STREET	ADDRES	S			CITY			STATE		COUNTY	
DOES APPLICATION OF FACILITY WHERE BINGO GAMES WILL BE OPERATED STREET ADDRESS CITY STATE	MAIL INC	ADDDEC				CITY			CTATE	ZID COD	_	
DOES APPLICANT HOLD ANY ALCOHOLIC BEVERAGE LICENSE () YES () NO If yes, give the licensee's name and license number as shown on license. AME	INIAILING ADDRESS				CITY			STATE	ZIP COD	E		
DOES APPLICANT HOLD ANY ALCOHOLIC BEVERAGE LICENSE () YES () NO If yes, give the licensee's name and license number as shown on license. AME	FEDERA	I EMPLO	YER IDEN	TIFICATION	NO	GEORGIA	A SALES T	ΤΑΧ ΝΟ	STATE W	I ZIOHHTI	DING NO	
If yes, give the licensee's name and license number as shown on license. I	LDLKA	L LIVII LO	TER IDER	IIIIOAIION	110.	CLORON	- OALLO I	AX IIO.	OTATE	MITTINIO EL) III O II O.	
AME LICENSE NO. DATE ORGANIZATION INCORPORATED OR FORMED Attach a copy of instrument creating organization used as articles of incorporation, constitution, by-laws, etc. MONTH DAY YEAR DATE TAX EXEMPTION GRANTED BY IRS DATE TAX EXEMPTION GRANTED BY DEPT. OF REVENUE Attach copy of determination letter from IRS. Attach copy of determination letter from State Dept. of Revenue. MONTH DAY YEAR MONTH DAY YEAR MONTH DAY YEAR LOCATION OF FACILITY WHERE BINGO GAMES WILL BE OPERATED LOCATION OF FACILITY WHERE BINGO GAMES WILL BE OPERATED LOCATION OF FACILITY STATE ZIP CODE TELEPHONE NUMBER / FAX NUMBER TO COMPLETE TO THE FACILITY TELEPHONE NUMBER / FAX NUMBER STATE ZIP CODE TELEPHONE NUMBER / FAX NUMBER TO COUNTY FACILITY LOCATED IN DOES APPLICANT OWN THIS FACILITY LOCATED IN DOES Owner of facility hold a state license to operate a non-profit bingo game? () YES () NO LICENSE NUMBER ATTACH COPY OF CURRENT LEASE AGREEMENT FOR THE FACILITY DOES OWNER OF STATE ZIP THE FA	DOES AF	PPLICANT	HOLD AN	IY ALCOHOL	IC BEVER	AGE LICE	NSE	()YES	()NO			
DATE ORGANIZATION INCORPORATED OR FORMED Attach a copy of instrument creating organization nucle as articles of incorporation, constitution, by-laws, etc. MONTH DAY YEAR JOATE TAX EXEMPTION GRANTED BY IRS Attach copy of determination letter from IRS. MONTH DAY YEAR Attach copy of determination letter from IRS. MONTH DAY YEAR MONTH DAY YEAR ATTACH COPY OF FACILITY WHERE BINGO GAMES WILL BE OPERATED HAME OF FACILITY STREET ADDRESS CITY STATE ZIP CODE TELEPHONE NUMBER / FAX NUMBER DOES APPLICANT OWN THIS FACILITY () YES () NO NAME OF OWNER OF FACILITY INTO COMPLETE ADDRESS CITY STATE ZIP TELEPHONE NUMBER COUNTY FACILITY LOCATED IN DOES Owner of facility hold a state license to operate a non-profit bingo game? () YES () NO LICENSE NUMBER ATTACH COPY OF CURRENT LEASE AGREEMENT FOR THE FACILITY DOES OWNER OF FACILITY ON DISTRICT OF THE FACILITY OF THE FACILITY DOES OWNER OF THE FACILITY OF		ive the lic	ensee's na	me and licer	nse numbe	r as show	n on licen	ise.				
ATTACH COPY of CUNTY FACILITY LOCATED IN CODES APPLICANT OWN THIS FACILITY O YEAR CODES OWNER OF SACILITY CODES OWNER OF SACILITY O YEAR CODES OWNER OF SACILITY CODES OWNER OF	NAME											
MONTH DAY YEAR DATE TAX EXEMPTION GRANTED BY IRS Attach copy of determination letter from IRS. MONTH DAY YEAR LOCATION OF FACILITY WHERE BINGO GAMES WILL BE OPERATED STREET ADDRESS CITY STATE ZIP CODE TELEPHONE NUMBER /FAX NUMBER DOES APPLICANT OWN THIS FACILITY () YES () NO NAME OF OWNER OF FACILITY STREET ADDRESS CITY STATE ZIP CODE TELEPHONE NUMBER /FAX NUMBER COUNTY FACILITY LOCATED IN DOES OWNER OF GUILTY LEASE AGREEMENT FOR THE FACILITY DOES OWNER OF GUILTY LEASE AGREEMENT FOR THE FACILITY DOES OWNER OF GUILTY LEASE AGREEMENT FOR THE FACILITY DOES OWNER OF GUILTY LEASE AGREEMENT FOR THE FACILITY DOES OWNER OF GUILTY LEASE AGREEMENT FOR THE FACILITY DOES OWNER OF GUILTY LEASE AGREEMENT FOR THE FACILITY DOES OWNER OF GUILTY LEASE AGREEMENT FOR THE FACILITY DOES OWNER OF GUILTY LEASE AGREEMENT FOR THE FACILITY DOES OWNER OF GUILTY LEASE AGREEMENT FOR THE FACILITY DOES OWNER OF GUILTY LEASE AGREEMENT FOR THE FACILITY DOES OWNER OF GUILTY LEASE AGREEMENT FOR THE FACILITY DOES OWNER OF GUILTY LEASE AGREEMENT FOR THE FACILITY DOES OWNER OF THE FACILITY STATE ZIP CITY STATE ZIP ON OWNER OF FACILITY STATE ZIP STATE ZIP ON OWNER OF FACILITY STATE ZIP ON OWNER OF FACILITY STATE ZIP STATE ZIP STATE ZIP ON OWNER OF FACILITY STATE ZIP STATE ZI							h a copy o	of Instrument	creating	organizat	ion	
DATE TAX EXEMPTION GRANTED BY IRS Attach copy of determination letter from IRS. MONTH DAY YEAR LOCATION OF FACILITY WHERE BINGO GAMES WILL BE OPERATED LOCATION OF FACILITY WHERE BINGO GAMES WILL BE OPERATED STREET ADDRESS CITY STATE ZIP CODE TELEPHONE NUMBER / FAX NUMBER ODES APPLICANT OWN THIS FACILITY () YES () NO NAME OF OWNER OF FACILITY STATE ZIP CITY STATE ZIP COUNTY FACILITY LOCATED IN DOES Owner of facility hold as state license to operate a non-profit bingo game? ODES OWNER OF FACILITY ODES OWNER OF FACILITY AGREEMENT FOR THE FACILITY ODES OWNER OF FACILITY DOES OWNER OF FACILITY AGREEMENT FOR THE FACILITY DOES OWNER OF FACILITY DOES OWNER OF FACILITY AGREEMENT FOR THE FACILITY DOES OWNER OF FACILITY DOES OWNER OF FACILITY AGREEMENT FOR THE FACILITY DOES OWNER OF FACILITY DOES OWNER OF FACILITY DOES OWNER OF FACILITY AGREEMENT FOR THE FACILITY DOES OWNER OF FACILITY DOES OWNER OF FACILITY DOES OWNER OF FACILITY AGREEMENT FOR THE FACILITY DOES OWNER OF FACILITY DOES OWNER OF FACILITY AGREEMENT FOR THE FACILITY DOES OWNER OF THE FACILITY DOES OWNER OF FACILITY DOES OWNER OF THE FACILITY AGREEMENT FOR THE FACILITY DOES OWNER OF THE FACILITY DOES OWNER OF THE FACILITY AGREEMENT FOR THE FACILITY DOES OWNER OF THE BINGO GAMES. ONE OF THE INDIVIDUALS MUST BE PRESENT AT ALL TIMES DURING THE OPERATION OF BINGO GAMES. ONE OF THE INDIVIDUALS MUST BE PRESENT AT ALL TIMES DURING THE OPERATION OF BINGO GAMES. ONE OF THE INDIVIDUALS MUST BE PRESENT AT ALL TIMES DURING				ition, constit	ution, by-la	aws, etc.						
Attach copy of determination letter from IRS. Attach copy of determination letter from State Dept. of Revenue. MONTH DAY YEAR LOCATION OF FACILITY WHERE BINGO GAMES WILL BE OPERATED HAME OF FACILITY STREET ADDRESS CITY STATE ZIP CODE TELEPHONE NUMBER / FAX NUMBER DOES APPLICANT OWN THIS FACILITY () YES () NO NAME OF OWNER OF FACILITY If not, complete the following. STREET ADDRESS CITY STATE ZIP CITY	MONTH	DAY	YEAR									
Attach copy of determination letter from IRS. Attach copy of determination letter from State Dept. of Revenue. MONTH DAY YEAR LOCATION OF FACILITY WHERE BINGO GAMES WILL BE OPERATED HAME OF FACILITY STREET ADDRESS CITY STATE ZIP CODE TELEPHONE NUMBER / FAX NUMBER DOES APPLICANT OWN THIS FACILITY () YES () NO NAME OF OWNER OF FACILITY If not, complete the following. STREET ADDRESS CITY STATE ZIP CITY	DATE TA	X FXFME	TION GRA	NTED BY IR	S		Ιράτε τα	X EXEMPTIO	N GRANT	ED BY DE	PT OF RE	VENUE
LOCATION OF FACILITY WHERE BINGO GAMES WILL BE OPERATED STREET ADDRESS CITY STATE								_	_		_	
STREET ADDRESS CITY STATE ZIP CODE TELEPHONE NUMBER / FAX NUMBER DOES APPLICANT OWN THIS FACILITY () YES () NO NAME OF OWNER OF FACILITY If not, complete the following. CITY STATE ZIP CITY CODES OWNER OF FACILITY ODES OWNER OF FACILITY CITY STATE ZIP CITY CITY STATE ZIP CITY CITY CODES CITY STATE ZIP CODES CITY STATE ZIP CODES CITY STATE ZIP CODES CITY STATE ZIP CODES C	MONTH											
STREET ADDRESS CITY STATE ZIP CODE TELEPHONE NUMBER / FAX NUMBER DOES APPLICANT OWN THIS FACILITY () YES () NO NAME OF OWNER OF FACILITY If not, complete the following. CITY STATE ZIP CITY CODES OWNER OF FACILITY ODES OWNER OF FACILITY CITY STATE ZIP CITY CITY STATE ZIP CITY CITY CODES CITY STATE ZIP CODES CITY STATE ZIP CODES CITY STATE ZIP CODES CITY STATE ZIP CODES C												
STATE ZIP CODE TELEPHONE NUMBER / FAX NUMBER DOES APPLICANT OWN THIS FACILITY () YES () NO NAME OF OWNER OF FACILITY f not, complete the following. STREET ADDRESS CITY STATE ZIP TELEPHONE NUMBER COUNTY FACILITY LOCATED IN DOES Owner of facility hold a state license to operate a non-profit bingo game? () YES () NO LICENSE NUMBER ATTACH COPY OF CURRENT LEASE AGREEMENT FOR THE FACILITY DOES Owner of facility hold any alcoholic beverage license? Fyes, give license name and number as shown on license. LICENSE NUMBER () YES () NO STREET ADDRESS LICENSE NUMBER () YES () NO Pyes, give license name and number as shown on license. LICENSE NUMBER () YES () NO SALARY NAME POSITION HELD DOB HOME ADDRESS SALARY LIST THREE (3) INDIVIDUALS TO BE LISTED ON THE LICENSE WHO WILL BE RESPONSIBLE FOR THE DEPERATION OF THE BINGO GAMES. ONE OF THE INDIVIDUALS MUST BE PRESENT AT ALL TIMES DURING THE OPERATION OF BINGO GAMES.			LOCATIO	N OF FACIL	TY WHER	E BINGO	GAMES W	ILL BE OPER	RATED			
DOES APPLICANT OWN THIS FACILITY () YES () NO NAME OF OWNER OF FACILITY If not, complete the following. STREET ADDRESS CITY STATE ZIP TELEPHONE NUMBER COUNTY FACILITY LOCATED IN Does owner of facility hold a state license to operate a non-profit bingo game? () YES () NO LICENSE NUMBER ATTACH COPY OF CURRENT LEASE AGREEMENT FOR THE FACILITY Does owner of facility hold any alcoholic beverage license? I yes, give license name and number as shown on license. LICENSE NUMBER POSITION HELD DOB HOME ADDRESS SALARY LIST THREE (3) INDIVIDUALS TO BE LISTED ON THE LICENSE WHO WILL BE RESPONSIBLE FOR THE DEFERATION OF THE BINGO GAMES. ONE OF THE INDIVIDUALS MUST BE PRESENT AT ALL TIMES DURING THE OPERATION OF BINGO GAMES.	NAME OF	F FACILIT	Υ				STREET A	ADDRESS				
DOES APPLICANT OWN THIS FACILITY () YES () NO NAME OF OWNER OF FACILITY If not, complete the following. STREET ADDRESS CITY STATE ZIP TELEPHONE NUMBER COUNTY FACILITY LOCATED IN Does owner of facility hold a state license to operate a non-profit bingo game? () YES () NO LICENSE NUMBER ATTACH COPY OF CURRENT LEASE AGREEMENT FOR THE FACILITY Does owner of facility hold any alcoholic beverage license? I yes, give license name and number as shown on license. LICENSE NUMBER POSITION HELD DOB HOME ADDRESS SALARY LIST THREE (3) INDIVIDUALS TO BE LISTED ON THE LICENSE WHO WILL BE RESPONSIBLE FOR THE DEFERATION OF THE BINGO GAMES. ONE OF THE INDIVIDUALS MUST BE PRESENT AT ALL TIMES DURING THE OPERATION OF BINGO GAMES.												
FIRET ADDRESS CITY STATE ZIP CELEPHONE NUMBER COUNTY FACILITY LOCATED IN CODES OWNER OF STATE ATTACH COPY OF CURRENT LEASE AGREEMENT FOR THE FACILITY CODES OWNER OF STATE AGREEMENT FOR THE FACILITY CODES OWNER OF STATE COUNTY FACILITY LOCATED IN CODES OWNER OF STATE CODES OWNER OWNER CODES OWNER OF STATE CODES OWNER OF STATE CODES OWNER OWNER CODES OWNER OF STATE CODES OWNER OWNER CODES	CITY					STATE	ZIP CODE		TELEPHO	ONE NUM	BER / FAX	NUMBER
FIRET ADDRESS CITY STATE ZIP CELEPHONE NUMBER COUNTY FACILITY LOCATED IN CODES OWNER OF STATE ATTACH COPY OF CURRENT LEASE AGREEMENT FOR THE FACILITY CODES OWNER OF STATE AGREEMENT FOR THE FACILITY CODES OWNER OF STATE COUNTY FACILITY LOCATED IN CODES OWNER OF STATE CODES OWNER OWNER CODES OWNER OF STATE CODES OWNER OF STATE CODES OWNER OWNER CODES OWNER OF STATE CODES OWNER OWNER CODES												
CITY STATE ZIP TELEPHONE NUMBER COUNTY FACILITY LOCATED IN Does owner of facility hold a state license to operate a non-profit bingo game? () YES () NO LICENSE NUMBER ATTACH COPY OF CURRENT LEASE AGREEMENT FOR THE FACILITY Does owner of facility hold any alcoholic beverage license? () YES () NO Tyes, give license name and number as shown on license. LICENSE NUMBER LIST FULL NAME & OTHER REQUIRED INFO. FOR EACH OFFICER & BOARD MEMBER OF ORGANIZATION NAME POSITION HELD DOB HOME ADDRESS SALARY LIST THREE (3) INDIVIDUALS TO BE LISTED ON THE LICENSE WHO WILL BE RESPONSIBLE FOR THE OPERATION OF THE BINGO GAMES. ONE OF THE INDIVIDUALS MUST BE PRESENT AT ALL TIMES DURING THE OPERATION OF BINGO GAMES.					()YES	()NO	NAME OF	OWNER OF	FACILITY	•		
TELEPHONE NUMBER COUNTY FACILITY LOCATED IN Does owner of facility hold a state license to operate a non-profit bingo game? () YES () NO LICENSE NUMBER ATTACH COPY OF CURRENT LEASE AGREEMENT FOR THE FACILITY Does owner of facility hold any alcoholic beverage license? () YES () NO Tyes, give license name and number as shown on license. LICENSE NUMBER LIST FULL NAME & OTHER REQUIRED INFO. FOR EACH OFFICER & BOARD MEMBER OF ORGANIZATION NAME POSITION HELD DOB HOME ADDRESS SALARY LIST THREE (3) INDIVIDUALS TO BE LISTED ON THE LICENSE WHO WILL BE RESPONSIBLE FOR THE OPERATION OF THE BINGO GAMES. ONE OF THE INDIVIDUALS MUST BE PRESENT AT ALL TIMES DURING THE OPERATION OF BINGO GAMES.				g							10=1==	lan.
Does owner of facility hold a state license to operate a non-profit bingo game? LICENSE NUMBER ATTACH COPY OF CURRENT LEASE AGREEMENT FOR THE FACILITY Does owner of facility hold any alcoholic beverage license? I () YES () NO Tyes, give license name and number as shown on license. LICENSE NUMBER LIST FULL NAME & OTHER REQUIRED INFO. FOR EACH OFFICER & BOARD MEMBER OF ORGANIZATION NAME POSITION HELD DOB HOME ADDRESS SALARY LIST THREE (3) INDIVIDUALS TO BE LISTED ON THE LICENSE WHO WILL BE RESPONSIBLE FOR THE OPERATION OF THE BINGO GAMES. ONE OF THE INDIVIDUALS MUST BE PRESENT AT ALL TIMES DURING THE OPERATION OF BINGO GAMES.	SIKEEL											
Does owner of facility hold a state license to operate a non-profit bingo game? LICENSE NUMBER ATTACH COPY OF CURRENT LEASE AGREEMENT FOR THE FACILITY Does owner of facility hold any alcoholic beverage license? I () YES () NO T yes, give license name and number as shown on license. LICENSE NUMBER LIST FULL NAME & OTHER REQUIRED INFO. FOR EACH OFFICER & BOARD MEMBER OF ORGANIZATION NAME POSITION HELD DOB HOME ADDRESS SALARY LIST THREE (3) INDIVIDUALS TO BE LISTED ON THE LICENSE WHO WILL BE RESPONSIBLE FOR THE OPERATION OF THE BINGO GAMES. ONE OF THE INDIVIDUALS MUST BE PRESENT AT ALL TIMES DURING THE OPERATION OF BINGO GAMES.		ADDRES	<u> </u>				CITY				STATE	ZIP
ATTACH COPY OF CURRENT LEASE AGREEMENT FOR THE FACILITY Does owner of facility hold any alcoholic beverage license? If yes, give license name and number as shown on license. LICENSE NUMBER SALARY DOB HOME ADDRESS SALARY LIST THREE (3) INDIVIDUALS TO BE LISTED ON THE LICENSE WHO WILL BE RESPONSIBLE FOR THE DEPERATION OF THE BINGO GAMES. ONE OF THE INDIVIDUALS MUST BE PRESENT AT ALL TIMES DURING THE OPERATION OF BINGO GAMES.	TEL EPH			COUNTY FA	CILITY LO	CATED IN					STATE	ZIP
ATTACH COPY OF CURRENT LEASE AGREEMENT FOR THE FACILITY Does owner of facility hold any alcoholic beverage license? If yes, give license name and number as shown on license. LICENSE NUMBER SALARY DOB HOME ADDRESS SALARY LIST THREE (3) INDIVIDUALS TO BE LISTED ON THE LICENSE WHO WILL BE RESPONSIBLE FOR THE DEPERATION OF THE BINGO GAMES. ONE OF THE INDIVIDUALS MUST BE PRESENT AT ALL TIMES DURING THE OPERATION OF BINGO GAMES.	TELEPHO			COUNTY FA	CILITY LO	CATED IN					STATE	ZIP
Does owner of facility hold any alcoholic beverage license? If yes, give license name and number as shown on license. LICENSE NUMBER LIST FULL NAME & OTHER REQUIRED INFO. FOR EACH OFFICER & BOARD MEMBER OF ORGANIZATION NAME POSITION HELD DOB HOME ADDRESS SALARY LIST THREE (3) INDIVIDUALS TO BE LISTED ON THE LICENSE WHO WILL BE RESPONSIBLE FOR THE DEPERATION OF THE BINGO GAMES. ONE OF THE INDIVIDUALS MUST BE PRESENT AT ALL TIMES DURING THE OPERATION OF BINGO GAMES.		ONE NUM	BER				N .	o game?		() YES		ZIP
IST THREE (3) INDIVIDUALS TO BE LISTED ON THE LICENSE WHO WILL BE RESPONSIBLE FOR THE OPERATION OF BINGO GAMES. LICENSE NUMBER LICENSE NUMBE	Does ow	ONE NUM	BER	state licens	e to opera	te a non-p	rofit bingo	game?		()YES		ZIP
LIST FULL NAME & OTHER REQUIRED INFO. FOR EACH OFFICER & BOARD MEMBER OF ORGANIZATION NAME POSITION HELD DOB HOME ADDRESS SALARY LIST THREE (3) INDIVIDUALS TO BE LISTED ON THE LICENSE WHO WILL BE RESPONSIBLE FOR THE OPERATION OF THE BINGO GAMES. ONE OF THE INDIVIDUALS MUST BE PRESENT AT ALL TIMES DURING THE OPERATION OF BINGO GAMES.	Does ow	ONE NUM	BER	state licens	e to opera	te a non-p	orofit bingo	o game?		() YES		ZIP
NAME POSITION HELD DOB HOME ADDRESS SALARY SALARY LIST THREE (3) INDIVIDUALS TO BE LISTED ON THE LICENSE WHO WILL BE RESPONSIBLE FOR THE OPERATION OF THE BINGO GAMES. ONE OF THE INDIVIDUALS MUST BE PRESENT AT ALL TIMES DURING THE OPERATION OF BINGO GAMES.	Does ow LICENSE	ONE NUM ner of fac NUMBEI	BER ility hold a	state licens ATTACH CO AGREEMEN any alcoholic	e to operation of the total operation of the total operations of the total ope	te a non-p RRENT L E FACILIT license?	orofit bingo			,	() NO	
LIST THREE (3) INDIVIDUALS TO BE LISTED ON THE LICENSE WHO WILL BE RESPONSIBLE FOR THE OPERATION OF THE BINGO GAMES. ONE OF THE INDIVIDUALS MUST BE PRESENT AT ALL TIMES DURING THE OPERATION OF BINGO GAMES.	Does ow LICENSE Does ow If yes, giv	one num ner of fac Number	BER ility hold a R ility hold a	state licens ATTACH CO AGREEMEN ny alcoholic I number as	e to operat PY OF CU T FOR TH beverage shown on	te a non-p RRENT L E FACILIT license? license.	orofit bingo EASE	LICENSE N		()YES	() NO	ZIP
DPERATION OF THE BINGO GAMES. ONE OF THE INDIVIDUALS MUST BE PRESENT AT ALL TIMES DURING THE OPERATION OF BINGO GAMES.	Does own LICENSE Does own If yes, giv	one num ner of fac Number	BER ility hold a R ility hold a	state licens ATTACH CO AGREEMEN ny alcoholic I number as	e to operative to operative to operative to operate to	te a non-p RRENT L E FACILIT license? license. EACH OF	rofit bingo EASE Y	LICENSE NU	BER OF O	()YES	() NO	
DPERATION OF THE BINGO GAMES. ONE OF THE INDIVIDUALS MUST BE PRESENT AT ALL TIMES DURING THE OPERATION OF BINGO GAMES.	Does own LICENSE Does own If yes, giv	one num ner of fac Number	BER ility hold a R ility hold a	state licens ATTACH CO AGREEMEN ny alcoholic I number as	e to operative to operative to operative to operate to	te a non-p RRENT L E FACILIT license? license. EACH OF	rofit bingo EASE Y	LICENSE NU	BER OF O	()YES	() NO	
DPERATION OF THE BINGO GAMES. ONE OF THE INDIVIDUALS MUST BE PRESENT AT ALL TIMES DURING THE OPERATION OF BINGO GAMES.	Does own LICENSE Does own If yes, giv	one num ner of fac Number	BER ility hold a R ility hold a	state licens ATTACH CO AGREEMEN ny alcoholic I number as	e to operative to operative to operative to operate to	te a non-p RRENT L E FACILIT license? license. EACH OF	rofit bingo EASE Y	LICENSE NU	BER OF O	()YES	() NO	
DPERATION OF THE BINGO GAMES. ONE OF THE INDIVIDUALS MUST BE PRESENT AT ALL TIMES DURING THE OPERATION OF BINGO GAMES.	Does own LICENSE Does own If yes, giv	one num ner of fac Number	BER ility hold a R ility hold a	state licens ATTACH CO AGREEMEN ny alcoholic I number as	e to operative to operative to operative to operate to	te a non-p RRENT L E FACILIT license? license. EACH OF	rofit bingo EASE Y	LICENSE NU	BER OF O	()YES	() NO	
DPERATION OF THE BINGO GAMES. ONE OF THE INDIVIDUALS MUST BE PRESENT AT ALL TIMES DURING THE OPERATION OF BINGO GAMES.	Does own LICENSE Does own If yes, giv	one num ner of fac Number	BER ility hold a R ility hold a	state licens ATTACH CO AGREEMEN ny alcoholic I number as	e to operative to operative to operative to operate to	te a non-p RRENT L E FACILIT license? license. EACH OF	rofit bingo EASE Y	LICENSE NU	BER OF O	()YES	() NO	
DPERATION OF THE BINGO GAMES. ONE OF THE INDIVIDUALS MUST BE PRESENT AT ALL TIMES DURING THE OPERATION OF BINGO GAMES.	Does own LICENSE Does own If yes, giv	one num ner of fac Number	BER ility hold a R ility hold a	state licens ATTACH CO AGREEMEN ny alcoholic I number as	e to operative to operative to operative to operate to	te a non-p RRENT L E FACILIT license? license. EACH OF	rofit bingo EASE Y	LICENSE NU	BER OF O	()YES	() NO	
DPERATION OF THE BINGO GAMES. ONE OF THE INDIVIDUALS MUST BE PRESENT AT ALL TIMES DURING THE OPERATION OF BINGO GAMES.	Does own LICENSE Does own If yes, giv	one num ner of fac Number	BER ility hold a R ility hold a	state licens ATTACH CO AGREEMEN ny alcoholic I number as	e to operative to operative to operative to operate to	te a non-p RRENT L E FACILIT license? license. EACH OF	rofit bingo EASE Y	LICENSE NU	BER OF O	()YES	() NO	
	Does ow If yes, giv LIST FUL NAME	ONE NUM ner of fac NUMBEI ner of fac ve license	BER ility hold a ility hold a name and OTHER	ATTACH CO AGREEMEN ny alcoholic I number as REQUIRED II	e to operate PPY OF CU T FOR TH beverage shown on NFO. FOR POSITION	te a non-p IRRENT L E FACILIT license? license. EACH OF	FICER & E	LICENSE NU BOARD MEM HOME ADDI	BER OF O	() YES RGANIZA	() NO	
NAME POSITION HELD DOB HOME ADDRESS SALARY	Does ow LICENSE Does ow If yes, giv LIST FUL NAME	ONE NUM ner of fac NUMBEI ner of fac ve license L NAME	BER ility hold a ility hold a name and OTHER	STO BE LIS	e to operate PPY OF CUT FOR THE beverage shown on NFO. FOR POSITION	te a non-p IRRENT L E FACILIT license? license. EACH OF I HELD	FICER & EDOB	LICENSE NU BOARD MEMI HOME ADDI	BER OF O	() YES RGANIZA	() NO () NO TION	
	Does ow LICENSE Does ow If yes, giv LIST FUL NAME	ner of face NUMBEI ner of face we license L NAME	BER ility hold a lility hold	STO BE LIST	e to operate PPY OF CUT FOR THE beverage shown on NFO. FOR POSITION	te a non-p IRRENT L E FACILIT license? license. EACH OF I HELD	FICER & EDOB	LICENSE NU BOARD MEMI HOME ADDI	BER OF O	() YES RGANIZA	() NO () NO TION	
	Does ow LICENSE Does ow If yes, giv LIST FUL NAME	ner of face NUMBEI ner of face we license L NAME	BER ility hold a lility hold	STO BE LIST	e to operate PY OF CU T FOR TH beverage shown on NFO. FOR POSITION	te a non-p IRRENT L E FACILIT license? license. EACH OF I HELD	FICER & E DOB	LICENSE NU BOARD MEM HOME ADDI	PONSIBLI	() YES RGANIZA	() NO () NO TION	SALARY
	Does ow LICENSE Does ow If yes, giv LIST FUL NAME	ner of face NUMBEI ner of face we license L NAME	BER ility hold a lility hold	STO BE LIST	e to operate PY OF CU T FOR TH beverage shown on NFO. FOR POSITION	te a non-p IRRENT L E FACILIT license? license. EACH OF I HELD	FICER & E DOB	LICENSE NU BOARD MEM HOME ADDI	PONSIBLI	() YES RGANIZA	() NO () NO TION	SALARY
	Does ow LICENSE Does ow If yes, giv LIST FUL NAME	ner of face NUMBEI ner of face we license L NAME	BER ility hold a lility hold	STO BE LIST	e to operate PY OF CU T FOR TH beverage shown on NFO. FOR POSITION	te a non-p IRRENT L E FACILIT license? license. EACH OF I HELD	FICER & E DOB	LICENSE NU BOARD MEM HOME ADDI	PONSIBLI	() YES RGANIZA	() NO () NO TION	SALARY
HAS THIS ORGANIZATION OR ANY OFFICER, BOARD MEMBER OR ANY OTHER PERSON INVOLVED IN THE OPERATION OF THE	Does own If yes, give LIST FUL NAME LIST THE OPERAT THE OPERAT THE OPERAT THE OPERAT NAME	ner of face NUMBEI ner of face ve license LL NAME	BER ility hold a rame and OTHER DIVIDUAL HE BINGO OF BINGO	S TO BE LIS GAMES.	e to operate PPY OF CUT FOR THE DEVELOPMENT ON THE OF THE POSITION	te a non-pire RRENT L E FACILIT license? license. EACH OF N HELD HE LICEN E INDIVIDU	FICER & EDOB	LICENSE NU BOARD MEM HOME ADDI	PONSIBLI NT AT AL	() YES RGANIZA E FOR TH L TIMES	() NO () NO TION E DURING	SALARY
DRGANIZATION, EVER BEEN CONVICTED OF A VIOLATION OF ANY FEDERAL, STATE, COUNTY OR MUNICIPAL LAW?	Does own If yes, give LIST FUL NAME LIST THE OPERAT TH	ONE NUM ner of fac E NUMBEI ner of fac ve license L NAME REE (3) IN ION OF T ERATION	BER ility hold a name and a name a na	STO BE LIST GAMES. OR ANY OFFI	e to operate PPY OF CUT FOR THE DEVELOPMENT ON THE OF THE POSITION	te a non-pirement in the license? license. EACH OF INDIVIDUAL INDI	FICER & E DOB SE WHO V JALS MUS DOB	LICENSE NU BOARD MEM HOME ADDI VILL BE RES T BE PRESE HOME ADDI	PONSIBLI INT AT AL	() YES RGANIZA FOR TH L TIMES	() NO () NO TION EDURING	SALARY SALARY ERATION OF THE
	Does ow LICENSE Does ow If yes, giv LIST FUL NAME	ONE NUM ner of fac E NUMBEI ner of fac ve license L NAME REE (3) IN ION OF T ERATION	BER ility hold a name and a name a na	STO BE LIST GAMES. OR ANY OFFI	e to operate PPY OF CUT FOR THE DEVELOPMENT ON THE OF THE POSITION	te a non-pirement in the license? license. EACH OF INDIVIDUAL INDI	FICER & E DOB SE WHO V JALS MUS DOB	LICENSE NU BOARD MEM HOME ADDI VILL BE RES T BE PRESE HOME ADDI	PONSIBLI INT AT AL	() YES RGANIZA FOR TH L TIMES	() NO () NO TION EDURING	SALARY SALARY ERATION OF THE

IF APPLICANT IS A BRANCH OR CHAPTER OF A NATIONAL ORGANIZATION COMPLETE INFORMATION BELOW (SUBMIT A **CURRENT LETTER OF GOOD STANDING FROM NATIONAL ORGANIZATION)** NAME OF PARENT ORGANIZATION FED. EMPL. I.D. NO. STREET ADDRESS CITY STATE ZIP **TELEPHONE NO.** INFORMATION ON GENERAL MANAGER OF ORGANIZATION APPLYING FOR LICENSE SALARY NAME DOB STREET ADDRESS CITY STATE ZIP TELEPHONE NO. OTHER BENEFITS RECEIVED FROM ORGANIZATION & HOW COMPENSATED **FIRE MARSHAL CERTIFICATE** DATE ISSUED NUMBER OF OCCUPANTS AUTHORIZED YOU MUST SUBMIT A COPY OF CERTIFICATE INFORMATION ON ACCOUNTANT OR PERSON WHO HANDLES FINANCIAL RECORD OF ORGANIZATION DOB ANNUAL FEES RECEIVED FROM ORGANIZATION STREET ADDRESS STATE CITY ZIP TELEPHONE NO. SUBMIT A CURRENT FINANCIAL STATEMENT FOR THE ORGANIZATION SUBMIT COPIES OF CONTRACT/PURCHASE AGREEMENTS ON BINGO EQUIPMENT OR STATEMENT OF EQUIPMENT OWNERSHIP SUBMIT A CURRENT MEMBERSHIP LIST FOR THE ORGANIZATION **PRIVACY ACT NOTIFICATION** The Privacy Act notification of 1974 provides that each state agency inform individuals from whom information is solicited as to the authority for the solicitation of such information and whether disclosure of the information is mandatory or voluntary. The principle purpose for soliciting such information is to administer the laws of the State of Georgia. The completion of all appropriate items requested by the application form is voluntary. The Georgia Code provides penalties for failure to file a return, failure to furnish or supply information required by law or regulation, and information required on return form or for furnishing fraudulent information on applications will cause denial of license. OATH Before signing this application, check all answers to see that you have answered all questions fully and correctly. This application is to be executed under oath and subject to the penalties of false swearing and it includes all attached sheets submitted herewith. Applicant understands that any license issued pursuant to this application is conditioned upon the truth of the answers and statements made herein and that any false answers and statements herein shall constitute cause for the suspension or revocation of any license issued pursuant to this application. Should any change occur during the year for which a license is issued pursuant to this application which would require a different answer to any question contained in this application, or any statement which is made a part of this application, such change must be reported as an amendment to this application as specified by Georgia Bureau of Investigation Rules. The failure to make such amendment shall be cause for the revocation of any license issued pursuant to this application. Indicate here that this is fully understood. STATE OF GEORGIA COUNTY _, applicant, do solemnly swear, subject to criminal penalites for false swearing that the statements and answers made by me to the foregoing questions in this application for a State License to operate non-profit Bingo games are true, and no false or fraudulent statement or answer is made herein to procure the granting of such license. (Signature of Authorized Officer) I hereby certify that _ is personally known to me, that he signed his (Full Name of Applicant)

name to the foregoing application after stating to me that he knew and understood all statements and answers made

20_

(Notary Public)

therein, and, under oath actually administered by me, has sworn that said statements and answers are true.

(AFFIX SEAL)

____ day of _